

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84218.5)

COVER PAGE - LONG FORM

Statement covers period
from 01/01/2004
through 06/30/2004

Date of Election if applicable:

(Month, Day, Year)

03/02/2006

FILE
JUL 28 2004

REGISTRAR OF VOTERS

By DS

Deputy

CALIFORNIA
FPMV 460

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A For Official Use Only

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
☐ State Candidate Election Committee ☐ Primarily Formed
☐ Recall ☐ Controlled
☐ General Purpose Committee ☐ Sponsored
☐ Sponsored ☐ Primarily Formed Candidate
☐ Small Contributor Committee ☐ Officeholder Committee
☐ Political Party/Central Committee

2. Type of Statement:

- ☐ Pre-election Statement ☐ Quarterly Statement
☒ Semi-annual Statement ☐ Special Odd-Year Report
☐ Termination Statement ☐ Supplemental Pre-election
☐ Amendment (Explain below) Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1264907

COMMITTEE NAME

Bill Hunt for Sheriff

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

() /

Treasurer(s)

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

()

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7-7-04

DATE

Executed on

7-28-04

DATE

Executed on

DATE

Executed on

DATE

By

By

By

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee
Campaign Statement
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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee

NAME OF OFFICEHOLDER OF CANDIDATE

William J Hunt

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sheriff - Coroner, County of Orange

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: List any committees

not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

| | |
|--|--|
| Statement covers period from <u>01/01/2004</u> through <u>06/30/2004</u> | CALIFORNIA FORM 460 Page <u>3</u> of <u>6</u> |
| I.D. NUMBER <u>1264907</u> | |

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions <i>Schedule A, Line 3</i> | \$ <u>8,599.00</u> | \$ <u>8,599.00</u> |
| 2. Loans Received <i>Schedule B, Line 7</i> | <u>0.00</u> | <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i> | \$ <u>8,599.00</u> | \$ <u>8,599.00</u> |
| 4. Non-monetary Contributions <i>Schedule C, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i> | \$ <u>8,599.00</u> | \$ <u>8,599.00</u> |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------------|------------------|-------------|
| 20. Contributions Received | \$ <u>0</u> | <u>0</u> |
| 21. Expenditures Made | \$ <u>0</u> | <u>0</u> |

Expenditures Made

| | | |
|--|-----------------|-----------------|
| 6. Cash Payments <i>Schedule E, Line 4</i> | \$ <u>22.41</u> | \$ <u>22.41</u> |
| 7. Loans Made <i>Schedule H, Line 7</i> | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i> | \$ <u>22.41</u> | \$ <u>22.41</u> |
| 9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 10. Nonmonetary Adjustment <i>Schedule C, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i> | \$ <u>22.41</u> | \$ <u>22.41</u> |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditure Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Current Cash Statement

| | |
|--|--------------------|
| 12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i> | \$ <u>0.00</u> |
| 13. Cash Receipts <i>Column A, Line 3 above</i> | <u>8,599.00</u> |
| 14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i> | <u>0.00</u> |
| 15. Cash Payments <i>Column A, Line 8 above</i> | <u>22.41</u> |
| 16. ENDING CASH BALANCE <i>Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>8,576.59</u> |

If this is a Termination Statement, Line 16 must be zero.

| | |
|--|----------------|
| 17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i> | \$ <u>0.00</u> |
|--|----------------|

Cash Equivalents and Outstanding Debts

| | |
|--|----------------|
| 18. Cash Equivalents | \$ <u>0.00</u> |
| 19. Outstanding Debts <i>Add Line 2 + Line 9 in Column C above</i> | \$ <u>0.00</u> |

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|--|--|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>01/01/2004</u> | | |
| through <u>06/30/2004</u> | | Page <u>4</u> of <u>6</u> |
| NAME OF FILER <u>William J Hunt, Bill Hunt for Sheriff</u> | | I.D. NUMBER <u>1264907</u> |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|--------------------------------|---|--|
| 05/11/2004 | Omar Faria [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Law enforcement OC Sheriff's Department | 500.00 | 500.00 | 500.00 (P06) |
| 06/30/2004 | Donna Griffin [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Deputy Sheriff Orange County Sheriff's Dept. | 1,400.00 | 1,400.00 | 1,400.00 (P06) |
| 05/11/2004 | Brian Heaney [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Law enforcement OC Sheriff's Department | 1,400.00 | 1,400.00 | 1,400.00 (P06) |
| 05/11/2004 | Adam Powell [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Law enforcement O.C. Sheriffs's Dept. | 1,400.00 | 1,400.00 | 1,400.00 (P06) |
| 05/11/2004 | Robert Stevenson [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Loan Consultant Robert Stevenson, Loan Consultant | 1,400.00 | 1,400.00 | 1,400.00 (P06) |
| SUBTOTAL \$ | | | | 6,100.00 | | |

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 8,500.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 99.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 8,599.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | |
|--|--|
| Statement covers period from <u>01/01/2004</u> through <u>06/30/2004</u> | CALIFORNIA FORM 460 Page <u>5</u> of <u>6</u> |
| NAME OF FILER <u>William J Hunt, Bill Hunt for Sheriff</u> | |
| I.D. NUMBER <u>1264907</u> | |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|--|--------------------------------|---|--|
| 06/30/2004 | Time Out, A Lilytok Company [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | 1,000.00 (P06) |
| 06/30/2004 | Christopher Wax [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Deputy Sheriff Orange County Sheriff's Dept | 1,400.00 | 1,400.00 | 1,400.00 (P06) |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 2,400.00 | | |

**Schedule E
Payments Made**

SCHEDULE E

| | |
|--|--|
| Statement covers period from <u>01/01/2004</u> through <u>06/30/2004</u> | CALIFORNIA FORM 460 Page <u>6</u> of <u>6</u> |
| NAME OF FILER <u>William J Hunt, Bill Hunt for Sheriff</u> | |
| I.D. NUMBER <u>1264907</u> | |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | |
|---|------|----|------------------------|
| | CODE | OR | DESCRIPTION OF PAYMENT |
| | | | |
| | | | |
| | | | |
| | | | |

SUBTOTAL \$ 0.00

Schedule E Summary

| | |
|--|-----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 0.00 |
| 2. Unitemized payments made this period of under \$100. | \$ 22.41 |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL | \$ 22.41 |